

**Agency 04. Secretary of State**  
**Sub-agency 030. Office of Professional Regulation**  
**Chapter 080. Rules of the Board of Dental Examiners**

**Part 1: Definitions and Clarification of Terms**

**1-1 "AAOMS"** means the American Association of Oral and Maxillofacial Surgeons.

**1-2 "Active practice"** means having engaged licensed activities, while lawfully authorized to do so in the jurisdiction of practice, and may include services to patients in any environment, including traditional clinical practice, military service, volunteer work, supervision of clinical practice, acting as dental educator, providing dental health education, enrollment in residency programs in ADA-recognized board specialties, or the accumulation of continuing education credits.

**1-3 "ADBA"** means the American Dental Board of Anesthesiology.

**1-4 "ADA"** means the American Dental Association.

**1-5 "ADEX"** means the American Dental Licensing Examination.

**1-6 "ASA"** means American Society of Anesthesiologists Patient Physical Status Classification. ASA Classifications are:

- (a) **ASA I**, a normal healthy patient;
- (b) **ASA II**, a patient with mild systemic disease;
- (c) **ASA III**, a patient with severe systemic disease;
- (d) **ASA IV**, a patient with severe systemic disease that is a constant threat to life;
- (e) **ASA V**, means a moribund patient who is not expected to survive without the operation;
- (f) **ASA VI**, a declared brain-dead patient whose organs are being removed for donor purposes; and
- (g) **E**, a modifying category appended to ASA I-VI designations, signifying an emergency operation of any kind.

**1-7 "Board,"** when capitalized, means State of Vermont Board of Dental Examiners, except where unambiguously used in the proper name of a different board.

**1-8 "Board website"** means [www.sec.state.vt.us/professional-regulation/list-of-professions/dental-examiners](http://www.sec.state.vt.us/professional-regulation/list-of-professions/dental-examiners) or its successor URL.

**1-9 "CDCA"** means the Commission on Dental Competency Assessment

**1-10 "CODA"** means Commission on Dental Accreditation of the American Dental Association.

**1-11 "Continual"** means repeated regularly and frequently in steady succession.

**1-12 "Continuous"** means prolonged and uninterrupted.

**1-13 "CITA"** means Council of Interstate Testing Agencies.

**1-14 "CPR Course" or "Training in CPR"** means a program of education developed or approved by the American Heart Association or the American Red Cross that includes hands-on and didactic education.

**1-15 "CRDTS"** means Central Regional Dental Testing Service.

**1-16 "DANB"** means the Dental Assisting National Board

**1-17 "Deep Sedation"** means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimuli. The ability independently to maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function usually is maintained.

**1-18 "Direct Supervision"** means oversight by a supervising dentist or dental therapist who is physically present at the facility where care is provided. The term is distinguished from "general supervision."

**1-19 "Director"** means the Director of the Office of Professional Regulation.

**1-20 "Emergency Office Procedure Course" or "Emergency Office Procedures Course"** means a Board-approved training in identification and management of conditions that may result in medical emergencies in the course of dental care.

**1-21 "Emergency Office Procedures Course"** means a program of instruction consistent with current educational curricula in schools of dentistry and dental hygiene accredited by the Commission on Accreditation of the American Dental Association.

**1-22 "Enteral"** means any means of drug administration in which a drug is absorbed through the gastrointestinal (GI) tract or oral mucosa.

**1-23 "General Anesthesia"** means a drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilation is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

**1-24 "General Supervision"** means oversight by a supervising dentist or dental therapist who is readily available for consultation, including by telephone or videoconference. The term is distinguished from "direct supervision."

**1-25 "Good Standing"** means valid, operable, and not subject to any disciplinary condition or limitation.

**1-26 "Inhalation"** means a means of administration in which a gaseous or volatile agent is introduced into the lungs and achieves its primary effect via absorption through the gas/blood interface.

**1-27 "Maximum Recommended Dose" or "MRD"** means the FDA maximum recommended dose of a drug as printed on the FDA-approved labeling for unmonitored home use.

**1-28 “Minimal Sedation” (alternatively, “anxiolysis”)** means a minimally depressed level of consciousness produced by a pharmacological method that preserves the patient’s ability to maintain an airway independently and continuously, and to respond normally to tactile stimulation and verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

**1-29 “Moderate Sedation”** means a drug-induced depression of consciousness in which a patient retains the ability to respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation; no interventions are required to maintain a patent airway; and spontaneous ventilation is adequate. Cardiovascular function usually is maintained.

**1-30 "NBDE"** means the National Board Dental Examiners.

**1-31 "OPR"** means the Office of Professional Regulation.

**1-32 "Office"** means the Office of Professional Regulation.

**1-33 “Office Website”** means the main website of the Office of Professional Regulation, [www.sec.state.vt.us/professional-regulation](http://www.sec.state.vt.us/professional-regulation) or its successor URL.

**1-34 "PGY1"** means Post-Graduate Year of dental practice.

**1-35 "SRTA"** means the Southern Regional Testing Agency.

**1-36 “Specialty”** means a Board-issued credential, supplemental to a primary license, authorizing a licensee to undertake defined practices that would not otherwise be within the scope of the primary license; except in the phrase “dental specialty certifying board.” “Specialty” is synonymous with “special endorsement” as used in 26 V.S.A. § 624 in particular reference to the local anesthesia specialty.

**1-37 “Titration”** means the administration of incremental doses of an intravenous or inhalation drug until a desired effect is reached. NOTE: When the intent is moderate sedation, one must know whether the previous dose has taken full effect before administering an additional drug increment.

**1-38 “Time-oriented Anesthesia Record”** means documentation at appropriate time intervals of drugs, doses and physiologic data obtained during patient monitoring.

**1-39 “Vermont Statutes and Rules Exam”** means the online, Vermont-specific exam related to the statutes and rules for each profession type within the dental profession.

**1-40 "WREB"** means the Western Regional Examining Board.

## **Part 2: Administration**

**2-1 Applicable Law.** The practice of dentistry is defined and regulated pursuant to 26 V.S.A. § 561 *et seq.* Copies of these and other statutes are available online at [www.legislature.vermont.gov/statutes/](http://www.legislature.vermont.gov/statutes/). The Director administers licensure in conformity with these and other Vermont laws, to include the Administrative Procedure Act, 3 V.S.A. § 800 *et seq.*; the Public Records Act, 1 V.S.A. § 315 *et seq.*; and the Laws of Professional Regulation, 3 V.S.A. § 121 *et seq.*

**2-2 Resources for Applicants and Licensees.** The Office maintains a website at [www.sec.state.vt.us/professional-regulation](http://www.sec.state.vt.us/professional-regulation) with information and links relevant to all licensed professionals. Information specific to the Board of Dental Examiners is available from [www.sec.state.vt.us/professional-regulation/list-of-professions/dental-examiners](http://www.sec.state.vt.us/professional-regulation/list-of-professions/dental-examiners).

**2-3 Military Service.** The Office offers special procedures to ensure recognition of education, training, or service completed by a member of the U.S. Armed Forces toward the requirements of professional licensure. Expedited processing may be available for the spouse of a member of the U.S. Armed Forces who has been subject to a military transfer to Vermont. See the Office website for details.

### **Part 3: Procedures**

**3-1 Applications.** Applications for licensure must be made through an online licensing system linked from the Office website.

- (a) Incomplete applications will not be processed. Applications are complete only when all required questions have been answered fully, all attestations made, all required documentation and materials provided, and all fees paid.
- (b) When the Board intends to deny an application, notice stating the reasons for the action shall be given to the applicant by certified mail, whereupon the applicant shall have 30 days to petition for a hearing before an administrative law officer.
- (c) The Office may refuse to accept any application found to be redundant with a denied or in-process application.
- (d) Applications not completed within six months expire.

**3-2 Complaints.** Complaints against licensees, applicants for licensure, or persons practicing without a license may be submitted online, on a standard form available from the Office website. Complaint procedures are explained at [www.sec.state.vt.us/professional-regulation/file-a-complaint](http://www.sec.state.vt.us/professional-regulation/file-a-complaint).

**3-3 Contested Cases.** Procedures in contested cases relating to licensure or discipline are governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005.

**3-4 Declaratory Rulings.** Petitions for declaratory rulings as to the applicability of any statutory provision or of any rule or order of the Office may be made pursuant to 3 V.S.A. § 808.

**3-5 Conflict of Standards.** Where a standard of unprofessional conduct set forth in statute conflicts with a standard set forth in rule, the standard that is most protective of the public shall govern. See 3 V.S.A. § 129a(e).

**3-6 Determination of Equivalency.** Where the Board is permitted by law or rule to accept certain training or experience on the basis of equivalence to a fixed standard, it is the burden of the applicant or licensee to establish equivalence to the Board's satisfaction, by producing credible, clear, and convincing evidence of the same. The Board has no obligation to research the bona fides of any institution, program, course, degree, certification, practicum, fellowship, or examination and may resolve all inferences in favor of withholding a credential, approval, or recognition.

**3-7 Waiver or Variance.** The Board will not grant routine waivers or variances from any provisions of its rules without amending the rules. See 3 V.S.A. § 845. Where, in extraordinary circumstances,

application of a rule would result in manifest unfairness, an absurd result, unjustifiable inefficiency, or an outcome otherwise inimical to the public health, safety, and welfare, the Board may, upon written request of an interested party, find that waiver is or is not appropriate and may impose particular conditions and limitations. The action and justification therefor shall be recorded in a written memorandum. This rule shall not be construed as creating any hearing right or cause of action.

**3-8 Pro Bono Service.** A person otherwise eligible for a license or registration issued under these rules, whose practice in this State will be limited to providing pro bono services at a free or reduced-fee clinic or similar setting approved by the Board, may be credentialed at no fee. 26 V.S.A. § 662(b). A pro-bono license or registration shall be used only in the setting or settings for which it is approved and shall not authorize practice for substantial monetary or non-monetary remuneration.

**3-9 Contacting the Office or Board.** See the Office website for contact details. Send mail to: Office of Professional Regulation, ATTN: Dental Examiners, 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402.

#### **Part 4: Dentists**

**4-1 Eligibility.** To be eligible for licensure as a dentist, a person must:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) pass the Vermont Statutes and Rules Exam for dentists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

**4-2 Qualifying by Examination.** To qualify by examination, an applicant must:

- (a) demonstrate qualifying education, meaning:
  - (i) a dental degree (D.D.S. or D.M.D.) from a CODA-accredited school of dentistry or dental college; or
  - (ii) a dental degree or certificate from a program of dental education outside the United States, and a degree from a CODA-accredited postgraduate program, of at least one year's duration, otherwise acceptable to the Board on the basis that it admits and graduates persons with appropriate predicate training in general dentistry; and
- (b) possess a certificate of the National Board of Dental Examiners; and
- (c) have passed every required part of *at least one* of the following examinations:
  - (i) ADEX, administered by CDCA or CITA [NB: The optional periodontal exam is not required];
  - (ii) CRDTS;
  - (iii) SRTA;
  - (iv) WREB, if examined prior to July 1, 2020;
  - (v) another regional or national clinical examination approved by the Board before the examination is taken; or
  - (vi) the certifying examinations of a dental specialty certifying board recognized by the ADA.

**4-3 Qualifying by Endorsement.** A dentist licensed as such outside Vermont may attain Vermont licensure based upon:

**(a) Equivalent License.** A dentist licensed and in good standing in a United States jurisdiction with requirements substantially equivalent to those of this state may apply on that basis by demonstrating:

- (i) satisfaction of the requirements of Part 4-1;
- (ii) evidence of good standing in the current state(s) of licensure; and
- (iii) for applicants licensed in the jurisdiction of origin for more than two years, active practice equivalent to that required of an applicant for license renewal.

**(b) Acceptably Similar License.** A dentist licensed and in good standing in a United States jurisdiction with requirements not substantially equivalent to those of this state may apply for licensure with proof of:

- (i) satisfaction of the requirements of Part 4-1;
- (ii) continuous good standing within the previous five years in the dentist's state(s) of licensure;
- (iii) active practice of at least 1,200 hours in each of the previous five years; and
- (iv) practice experience or education deemed by the Board to be sufficient to overcome any lesser licensing requirement of the jurisdiction of origin.

**(c) PGY1 Licensed Experience.** A dentist who obtained licensure through a CODA-approved PGY1 residency program may apply for licensure with proof of:

- (i) satisfaction of the requirements of Part 4-1;
- (ii) active practice of at least 1,200 hours in each of three consecutive years following successful completion of the PGY1.

**4-4 Scope of Practice.** The scope of practice of a licensed dentist is set out at 26 V.S.A. § 561(3).

**4-5 Supervision and Delegation.** A dentist may delegate dental tasks to persons appropriately qualified by training, education, experience, and where applicable, licensure. Dentists are responsible for general supervision of dental hygienists and direct supervision of dental hygienists where specifically required elsewhere in these rules. Dentists are responsible for the direct supervision of dental assistants.

**4-6 Non-delegable Tasks.** A dentist may not delegate:

- (a) surgical procedures,
- (b) any intraoral procedure, except debridement, that results in an irreversible alteration to the oral anatomy, unless specifically authorized by a collaborative agreement consistent with the requirements of these rules; or
- (c) except as permitted of dental therapists pursuant to Part 5, definitive diagnosis; prescription of legend drugs; or authorization for restorative, prosthodontic, or orthodontic appliances.

## **Part 5: Dental Therapists**

**5-1 Eligibility.** To be eligible for licensure as a dental therapist, a person shall:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) have passed the Vermont Statutes and Rules Exam for dental therapists, and
- (d) qualify by examination or endorsement, as further set out in this Part.

**5-2 Licensure by Examination.** To be eligible for licensure as a dental therapist by examination, an applicant shall:

- (a) hold a Vermont dental hygienist license in good standing;
- (b) be a graduate of a CODA-accredited dental therapist educational program; and
- (c) successfully complete the CDCA or CRDTS clinical examination for dental therapists. An applicant who has failed the clinical examination twice may retake the examination only after successful completion of an appropriate clinical course within a CODA-approved dental therapy program, at the discretion of the Board.

**5-3 Licensure by Endorsement.** To be eligible for licensure as a dental therapist by endorsement, an applicant shall:

- (a) hold a dental therapist license in good standing in any jurisdiction of the United States or Canada that has licensing requirements substantially equivalent to Vermont's; and
- (b) show proof active practice, as a dental therapist, for a minimum of 800 hours within the five years prior to the application.

**5-4 Duplicate Licensure Unnecessary.** A person licensed as a dental therapist under this section shall not be required to maintain his or her dental hygienist license. 26 V.S.A. § 611(d).

**5-5 Collaborative Agreement Required.** A licensed dental therapist must annually file a collaborative agreement with the Board. The collaborative agreement must meet the requirements set out in 26 V.S.A. § 614. The supervising dentist must meet all the requirements found in 26 V.S.A. § 614(c). A dental therapist must file a modified collaborative agreement with the Board within 15 days of any change in the collaborative agreement or supervising dentist.

**5-6 Scope of Practice.** The scope of practice of a licensed dental therapist is set out at 26 V.S.A. § 613.

<b>Part 6: Dental Hygienists</b>
----------------------------------

**6-1 Eligibility.** To be eligible for licensure as a dental hygienist, a person shall:

- (a) be 18 years of age or older;
- (b) have completed training in emergency office procedures and CPR within the previous 24 months;
- (c) have passed the Vermont Statutes and Rules Exam for dental hygienists; and
- (d) qualify by examination or endorsement, as further set out in this Part.

**6-2 Licensure by Examination.** To qualify by examination, an applicant shall:

- (a) be a graduate of a CODA-accredited school of dental hygiene;
- (b) hold a certificate from the NBDE;
- (c) successfully complete an examination for dental hygienists offered by:
  - (1) CDCA;
  - (2) CRDTS;
  - (3) SRTA;
  - (4) WREB; or
  - (5) CITA.

**6-3 Licensure by Endorsement.** To qualify by endorsement, an applicant shall hold a dental hygienist license in good standing in any jurisdiction of the United States or Canada that has licensing requirements deemed by the Board to be substantially equivalent to Vermont.

**6-4 Scope of Practice.** The scope of practice of a dental hygienist is established by agreement with the supervising dentist or dental therapist and may include oral prophylaxis; oral debridement; periodontal descriptions and charting, including periodontal probing and placement of supra- and subgingival chemotherapeutic agents; exposure of radiographs; application of sealants; oral health screening and pre-diagnostic examination; use of periodontal lasers for purposes of pocket debridement; acquisition of impressions or images; temporary replacement of crowns; and such other dental practices as are generally accepted as appropriate for delegation based on the training, education, and experience of the hygienist.

- a. **Lotation.** A dental hygienist practices in the office of a licensed dentist or dental therapist; provided, however, that public-health hygienists may work in out-of-office settings pursuant to Rule 6-5.
- b. **Local Anesthesia.** A dental hygienist shall not administer local anesthesia unless he or she holds a local anesthesia specialty pursuant to Rule 9-1.

**6-5 Guidelines for Public-health Hygienists.** A hygienist with no fewer than three years of experience may establish a general supervision agreement with a licensed dentist authorizing out-of-office practice in settings recognized as appropriate by the Board or the Vermont Department of Health. A hygienist so practicing is identified as a public-health hygienist.

- a. **Public-health orientation.** A general supervision agreement under this Rule shall be oriented toward the goals of:
  - i. maximizing the availability of competent and appropriate dental-health education, screening, and care to every Vermonter; and
  - ii. matching each patient in need of one with a dental home, meaning an ongoing relationship with a dentist or dental therapist through which the patient can expect continuously accessible, consistent, and coordinated care across the continuum of his or her dental health needs.
- b. **Silver Diamine Fluoride (SDF).** A public-health hygienist who has completed an SDF training course approved by the Vermont Department of Health may employ SDF pursuant to the following principles:
  - i. SDF is a valuable dental first-aid, which in the presence of suspected caries, may mitigate pain and arrest decay and infection until appropriate diagnosis and care planning are obtained from a dental home.
  - ii. SDF must not be employed in such a manner as to lower the standard of care for disadvantaged populations or to supplant tooth restoration where clinically indicated. In no circumstance should SDF be applied more than twice to the same tooth without evaluation by a dentist and development of a plan of dental care.
  - iii. Prior to placing SDF, a public-health hygienist must complete a visual inspection of the teeth and document all relevant findings. SDF may be applied if:
    - 1. inspection shows suspected caries;
    - 2. there appears an immediate need for care for which SDF is indicated;

3. the patient does not have an appropriate dental home and cannot reasonably be expected to obtain timely access to an appropriate dental home, and
4. the patient, parent, or guardian of the patient has executed a Board-approved, SDF-specific informed consent that includes illustrative photos of the blackening effect of SDF upon carious tissue, warns of the risk of food impaction in cavitated areas, and informs that follow-up care should be obtained from an appropriate dental home.

## **Part 7: Dental Assistants**

**7-1 Eligibility.** To be eligible for registration as a dental assistant, a person shall have passed the Vermont Statutes and Rules Exam for dental assistants.

**7-2 Registration.** No person shall practice in this State as a dental assistant for more than thirty calendar days unless registered for that purpose by the Board. Registrations are available in two categories:

- (a) **Traditional.** A traditional dental assistant registration may be issued to an eligible applicant who is not DANB-certified. A traditional dental assistant may not place sealants or engage in coronal polishing until and unless the supervising dentist has personally verified the assistant's ability competently to perform those tasks.
- (b) **Certified.** A certified dental assistant registration may be issued to an eligible applicant who is DANB-certified. A certified dental assistant may perform all tasks lawfully delegated by the supervising dentist or dental therapist.

**7-3 Transition.** A Traditional Dental Assistant who becomes eligible for registration as a Certified Dental Assistant must apply to the Board for registration as a Certified Dental Assistant. DANB certification alone does not confer the upgraded Board registration.

**7-4 Scope of Practice and Supervision.** The scope of a dental assistant's practice is determined by an individual agreement with a supervising dentist or dental therapist, developed based on the assistant's education and experience. All intraoral dental tasks performed by a dental assistant shall be performed under the direct supervision of a dentist or dental therapist. A dental assistant shall not work for more than six months without having obtained training in emergency office procedures and CPR. A dental assistant may use radiography and expanded procedures only if appropriately endorsed under Part 9 of these rules. The following are never delegable to a dental assistant:

- (a) diagnosis, treatment planning, and prescribing, including for drugs and medicaments or authorization for restorative, prosthodontic, or orthodontic appliances;
- (b) surgical procedures on hard or soft tissues within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy; or
- (c) oral debridement, direct periodontal probing, placement of subgingival chemotherapeutic agents.

## **Part 8: Dentist and Dental Therapist Anesthesia Specialties**

**8-1 Requirement for Anesthesia Specialty.** Dentists or dental therapists who use any type of sedation, except nitrous oxide administered alone or in conjunction with a single dose of oral medication not to

exceed the maximum recommended dose, must hold an anesthesia specialty from the Board. The level of sedation is entirely independent of the route of administration or the method of sedation. Moderate and deep sedation or general anesthesia may be achieved via any route of administration, thus an appropriately consistent level of training must be obtained.

- (a) Administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation;
- (b) Nitrous oxide/oxygen when used in combination with a sedative agent or agents may produce minimal sedation, moderate sedation, deep sedation or general anesthesia.

### **8-2 Minimal Sedation Requirements for Dentists or Dental Therapists.**

- (a) **Eligibility.** To be eligible for a minimal sedation specialty, a dentist or dental therapist must demonstrate successful completion of:
  - (i) a comprehensive training program to the level of competency in minimal sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or
  - (ii) a comprehensive training in moderate sedation that satisfies the requirements described in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or
  - (iii) a CODA-approved pre-doctoral dental or postdoctoral dental training program with comprehensive training on administration and management of minimal sedation.

### **8-3 Moderate Sedation Specialty for Dentists.**

- (a) **Eligibility.** To be eligible for a moderate sedation specialty a dentist must demonstrate:
  - (i) successful completion of a comprehensive training program to the level of competency in moderate sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or
  - (ii) successful completion of a CODA-approved pre-doctoral dental or postdoctoral dental training program with comprehensive training on administration and management of moderate sedation;
  - (iii) a current certificate in Advanced Cardiac Life Support, or if providing care to children under the age of twelve , a current certificate in Pediatric Advanced Life Support; and
  - (iv) compliance with the requirements of the AAOMS self-inspection checklist for moderate sedation.

### **8-4 Deep Sedation or General Anesthesia Specialty for Dentists.**

- (a) **Eligibility.** To be eligible for a deep sedation or general anesthesia specialty, a dentist must demonstrate:
  - (i) Successful completion of an advanced education program accredited by CODA that provides comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia;
  - (ii) a current certificate in Advanced Cardiac Life Support or Pediatric Advanced Life Support, or if providing care to children under the age of twelve, a current certificate in Pediatric Advanced Life Support, and
  - (iii) completion of a self-inspection checklist or current board certification through the AAOMS or the ADBA.

## **8-5 Standard-of-Care Requirements for Anesthesia.**

### **(a) Patient History and Evaluation.**

#### **(i) For Minimum Sedation:**

- a. Patients considered for minimal sedation must be suitably evaluated prior to the start of any sedative procedure.
  - i. Suitable evaluation of healthy or medically stable individuals (ASA I, II) consists of evaluation of medical history and medication use.
  - ii. Suitable evaluation of patients with significant medical considerations (ASA III, IV) should also include consultation with a primary care provider or consulting medical specialist.

#### **(ii) For Moderate Sedation:**

- a. Patients considered for moderate sedation must be suitably evaluated prior to the start of any sedative procedure
  - i. Suitable evaluation of healthy or medically stable individuals (ASA I, II) consists of evaluation of medical history and medication use.
  - ii. Suitable evaluation of patients with significant medical considerations (ASA III, IV) should also include consultation with a primary care provider or consulting medical specialist.

#### **(iii) For Deep Sedation or General Anesthesia:**

- a. Patients considered for deep sedation or general anesthesia must be suitably evaluated prior to the start of any sedative procedure
  - i. Suitable evaluation must consist of at least a review of medical history, medication use, and NPO (nothing by mouth) status.
  - ii. Suitable evaluation of patients with significant medical considerations (e.g., ASA III, IV) should also include consultation with a primary care provider or consulting medical specialist.
  - iii. Assessment of Body Mass Index (BMI) should be considered part of a pre-procedural workup. Patients with elevated BMI may be at increased risk for airway-associated morbidity, particularly in association with other factors such as obstructive sleep apnea.

### **(b) Pre-operative Requirements.**

#### **(i) For all sedation procedures:**

- a. The patient, parent, legal guardian or caregiver must be advised regarding the procedure associated with the delivery of any sedative or anesthetic agents and informed consent for the proposed sedation/anesthesia must be obtained.
- b. Baseline vital signs including body weight, height, blood pressure, pulse rate, and respiration rate must be obtained unless invalidated by the nature of the patient, procedure or equipment. Body temperature should be measured when clinically indicated.
  1. For moderate and deep sedation or general anesthesia, pulse oximetry should also be obtained unless precluded, or invalidated, by the nature of the patient, procedure, or equipment

- c. Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.
  - d. If deemed appropriate, a focused physical evaluation must be performed.
  - e. Preoperative dietary restrictions must be considered based on sedative technique prescribed.
  - f. Preoperative verbal and written instructions must be given to the patient, parent, guardian, or caregiver.
- (ii) For Deep Sedation or General Anesthesia:
- a. An intravenous line, which is secured throughout the procedure, must be established except for Pediatric and Special Needs Patients where it may not be possible.

**(c) Personnel and Equipment Requirements.**

- (i) Supportive Personnel. Appropriately trained personal must be licensed or registered by the Board and must hold current CPR certification; provided, however, that a certified registered nurse anesthetist licensed by the Vermont Board of Nursing may practice dental anesthesia without a redundant Board license.
- a. While using minimal or moderate sedation, at least one additional appropriately trained personnel must be present.
  - b. While using deep sedation or general anesthesia, at least two additionally appropriately trained personnel must be present.
  - c. When the same person administering the deep sedation or general anesthesia is performing the dental procedure, another of the personnel must be designated for patient monitoring.
- (ii) Equipment for all Sedation Procedures:
- a. A positive-pressure oxygen delivery system suitable for the patient must be immediately available.
  - b. When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. This equipment must have either:
    1. A functioning device that prohibits the delivery of less than thirty percent oxygen; or
    2. An appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
  - c. Documentation of compliance with manufacturers' recommended maintenance of monitors, anesthesia delivery systems, and other anesthesia-related equipment should be maintained. A pre-procedural check of equipment for each administration of sedation must be performed.
  - d. An appropriate scavenging system must be available if gases other than oxygen or air are used.
- (iii) Equipment for Moderate Sedation and Deep Sedation or General Anesthesia Procedures:
- a. Equipment necessary for monitoring end-tidal CO<sub>2</sub> and auscultation of breath sounds must be employed.
  - b. Equipment necessary to establish intravenous or intraosseous access must be available until the patient meets discharge criteria.

- (iv) Equipment For Deep Sedation or General Anesthesia Procedures:
  - a. Equipment and drugs necessary to provide advanced airway management, and advanced cardiac life support must be immediately available.
  - b. Resuscitation medications and an appropriate defibrillator must be immediately available.

**(d) Monitoring and Documentation.**

- (i) Personnel required for Monitoring:
  - a. For minimal sedation: A dentist or an appropriately trained personnel must continually monitor the patient in the operatory room until the patient meets the criteria for discharge to the recovery area. Personnel must be appropriately trained and familiar with the monitoring techniques and equipment.
  - b. For moderate sedation: A qualified dentist administering moderate sedation must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. When active treatment concludes and the patient recovers to a minimally sedated level a qualified auxiliary may be directed by the dentist to remain with the patient and continue to monitor them as required until they are discharged from the facility. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.
  - c. For deep sedation or general anesthesia: A qualified dentist administering deep sedation or general anesthesia must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.

(ii) Monitoring Requirements:

- a. Oxygenation:
  - 1. For minimal sedation:
    - a. Color of mucosa, skin or blood must be evaluated continually; and
    - b. Oxygen saturation by pulse oximetry may be clinically useful and should be considered.
  - 2. For moderate sedation and deep sedation or general anesthesia:
    - a. Color of mucosa, skin or blood must be evaluated continually; and
    - b. Oxygen saturation must be evaluated by pulse oximetry continuously.
- b. Ventilation;
  - 1. For minimal sedation:
    - a. The dentist and/or appropriately trained personal must observe chest excursions continually; and
    - b. The dentist and/or appropriately trained personal must verify respirations continually.
  - 2. For moderate sedation:
    - a. The dentist must observe chest excursions continually;

- b. The dentist must monitor ventilation, by breath sounds, monitoring end-tidal CO<sub>2</sub> or by verbal communication with the patient;
  - c. In addition, ventilation should be monitored by continual observation of qualitative signs, including auscultation of breath sounds with a precordial or pretracheal stethoscope.
3. For deep sedation or general anesthesia:
- a. For an intubated patient, end-tidal CO<sub>2</sub> must be continuously monitored and evaluated;
  - b. For a non-intubated patient, end-tidal CO<sub>2</sub> must be continually monitored and evaluated unless precluded or invalidated by the nature of the patient, procedure, or equipment. In addition, ventilation should be monitored and evaluated by continual observation of qualitative signs, including auscultation of breath sounds with a precordial or pretracheal stethoscope.
  - c. Respiration rate must be continually monitored and evaluated.
- c. Circulation.
- 1. For minimal sedation:
    - a. Blood pressure and heart should be evaluated as clinically appropriate;
  - 2. For moderate sedation:
    - a. The dentist must continually evaluate blood pressure and heart rate (unless the patient is unable to tolerate this and it is noted in the record); and
    - b. Continuous ECG monitoring of patients with significant cardiovascular disease should be considered.
  - 3. For deep sedation or general anesthesia:
    - a. The dentist must continuously evaluate heart rate and rhythm via ECG as well as pulse rate via pulse oximetry;
    - b. The dentist must continuously evaluate blood pressure.
- d. Consciousness:
- 1. For all sedation types the level of consciousness (e.g., responsiveness to verbal command) must be continually assessed.
- e. Temperature:
- 1. For deep sedation or general anesthesia:
    - a. A device capable of measuring body temperature must be readily available; and
    - b. Equipment capable of continuously monitoring body temperature should be available and must be performed whenever triggering agents associated with malignant hyperthermia are administered.

(iii) Documentation Requirements: An appropriate time-orientated anesthetic record must be maintained including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters.

- a. For moderate sedation:
  - 1. Pulse oximetry, heart rate, respiratory rate, blood pressure and level of consciousness must be recorded continually.
- b. For deep sedation or general anesthesia:
  - 1. Pulse oximetry and end-tidal CO<sub>2</sub> measurements, heart rate, respiratory rate and blood pressure must be recorded continually.

**(e) Recovery and Discharge.**

- (i) For minimal sedation:
  - a. A qualified dentist or appropriately trained personnel must monitor the patient until the patient is discharged by the dentist.
- (ii) For moderate, deep sedation, and general anesthesia:
  - a. Oxygen and suction equipment must be immediately available if a separate recovery room is used.
  - b. Prior to discharge, the dentist must determine and document that the patient's level of consciousness, oxygenation, ventilation and circulation are satisfactory.
  - c. Post-operative verbal and/or written instructions must be given to the patient, parent, escort, guardian, or care giver – however for deep sedation/general anesthesia, the caregiver must also get them.
  - d. A qualified dentist or appropriately trained clinical staff must continually monitor the patient's blood pressure, heart rate, oxygenation, and level of consciousness.
  - e. If a pharmacological reversal agent is administered before discharge criteria have been met, the patient must be monitored for a longer period than usual before discharge, since re-sedation may occur once the effects of the reversal agent have waned.

**(f) Emergency Management.**

- (i) For minimal and moderate sedation
  - a. If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the procedure until the patient returns to the intended level of sedation.
  - b. The qualified dentist is responsible for the sedation management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of sedation. The qualified dentist must be prepared with equipment and protocols for patient rescue.
- (ii) For deep sedation and general anesthesia
  - a. The qualified dentist is responsible for sedative/anesthetic management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of deep sedation or general anesthesia, and provision of the equipment, drugs, and protocols for patient rescue.
  - b. If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the procedure until the patient returns to the intended level of sedation. The qualified dentist is responsible for the sedation management, adequacy of the facility and staff, and diagnosis and treatment of emergencies related to the administration of sedation. The qualified dentist must be prepared with equipment and protocols for

patient rescue until either assistance arrives or the patient returns to the intended level of sedation without airway or cardiovascular complications.

**(g) Management of Children.**

- (i) For children under the age of twelve, practitioners shall adhere to the *Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures*, published by the American Academy of Pediatrics/American Academy of Pediatric Dentists.
- (ii) When considering extensive treatment under heavy sedation or general anesthesia, a practitioner shall document in the patient record that the patient's parent or guardian has been informed of atraumatic treatment alternatives.

**8-6 Exceptions from the Requirement for the Anesthesia Specialty.**

- (a) Hospital Setting.** The general anesthesia specialty requirement does not apply to dentists administering general anesthesia, deep sedation, moderate sedation, or minimal sedation in a hospital setting with supervision by a physician, CRNA, or dentist credentialed by the hospital to provide anesthesia services.
- (b) Nitrous Oxide.** Nitrous oxide sedation alone or used in conjunction with a single dose of oral medication, not to exceed the maximum recommended dose, shall not require the anesthesia specialty.

**8-7 Incident Reports.** A dentist or dental therapist, regardless of whether the provider holds an anesthesia specialty, must report incidents and adverse outcomes related to anesthesia or sedation as further set out in Rule 11-1(f).

**8-8 Inspection of Dentist Offices.** The Board may as it deems appropriate inspect a licensee's facility, equipment, and staff. Such inspection shall be conducted by a person or team appointed by the Board or Office.

**8-9 Emergency Office Procedures.** All facilities or dental practices that provide moderate or deep sedation are required to provide annual emergency office procedures training to all clinical personnel.

<b>Part 9: Specialties: Anesthesia, Expanded Function, and Radiographic</b>
---

**9-1 Local Anesthesia Specialty for Dental Hygienists.**

- (a) Eligibility.** To be eligible for the local anesthesia specialty, a dental hygienist must demonstrate:
  - (i) Successful completion of a dental hygiene program that includes at least twenty-four hours of instruction at an institution that is accredited by CODA that includes didactic and clinical studies in the administration of block and infiltration anesthesia, and
  - (ii) Successful completion of the written examination in the administration of local anesthesia authorized by the Board.

- (b) Endorsement.** A dental hygienist who is licensed in good standing and has been trained to administer local anesthetics in any jurisdiction of the U.S or Canada which has substantially equivalent standards may apply for the local anesthesia endorsement for dental hygienists.

**9-2 Expanded Function (EFDA) Specialty for Dental Hygienists and Certified Dental Assistants.**

- (a) Eligibility.** To be eligible for registration as an expanded function dental assistant, a person must demonstrate:
- (i) current certification as a dental assistant or current licensure as a dental hygienist; and
  - (ii) successful completion of a CODA-accredited expanded function dental assistant program that included at least fifty hours of didactic training, five weeks of clinical training, and a subsequent six weeks of field training in a dental office under the supervision of the faculty of the accredited program or its designee.
- (b) Scope of Practice and Limitations on Practice.** A certified dental assistant or dental hygienist retains the scope of original licensure and is permitted to perform the expanded function duties within his or her training.

**9-3 Radiography Specialty for Traditional Dental Assistants.** A traditional dental assistant may be issued a radiography specialty if the traditional dental assistant is at least 18 years of age and has, within ten years preceding application:

- (a) Successfully completed a CODA-accredited dental assisting program that included a dental radiology course, or
- (b) successfully completed a CODA-accredited didactic and clinical or practical radiology course and attained six months of working or observational experience in a dental office.

**9-4 Recognition of Foreign Radiography Credentials.** A traditional dental assistant holding a current and unrestricted radiography specialty from another U.S. or Canadian jurisdiction, issued upon requirements substantially equivalent to those of Rule 9-3, may be issued a radiography specialty on that basis.

**9-5 Limitation on Student Radiography.** A student enrolled in a radiology course may take radiographs necessary for course completion in the office of the supervising dentist or dental therapist; however, no more than one-hundred radiographs shall be taken by a dental assistant before the radiographic specialty has been issued by the Board.

<b>Part 10: License Renewal; Continuing Education</b>
---

**10-1 Biennial Licensing Period.** Licenses are valid for fixed, two-year periods. Expiration dates are printed on licenses. A license becomes inactive if not renewed by midnight on the date of expiry. Practice under an inactive license is prohibited. An initial license issued fewer than 90 days prior to the beginning of the fixed biennial period shall be valid through the end of full biennial licensing period following initial licensure. A lookup tool on the Office website may be considered a primary source verification as to license status and expiration.

**10-2 License Renewal.** License renewal applications must be completed through the Office website. The Office transmits email reminders to licensees at the end of each biennial licensing period; however, non-receipt of such reminders shall not excuse a licensee from the obligation to maintain continuous

licensure or the consequences of failing to do so. Practicing while a license is lapsed is a violation of 3 V.S.A. § 127.

**10-3 Late Renewal Penalties.** Late renewal applications are subject to reinstatement fees pursuant to 3 V.S.A. § 127(d). Late reinstatement fees are waiveable at the discretion of the Director where a licensee has fully and completely removed himself or herself from practice for a period and has ceased holding himself or herself out as licensed. Licensees planning extended absence from practice are advised to document their intentions in advance to ensure waiver eligibility.

#### **10-4 Renewal Requirements.**

**(a) Dentists.** To be eligible for renewal, a dentist must show:

- (i) 30 hours of continuing education, including the emergency office procedures course, CPR course, and opioid-prescribing education where applicable; and,
- (ii) Active practice of at least 800 hours or 100 continuing education credits within the previous five years. A combination of practice hours and continuing education credits may be used. An applicant for renewal who has not met minimum practice-hour requirements must complete one of the clinical examinations required for initial licensure.

**(b) Dental Therapists.** To be eligible for renewal, a dental therapist must show:

- (i) 24 hours of continuing education, including the emergency office procedures course and the CPR course; and,
- (ii) Active practice of at least 400 hours or 75 continuing education credits within the previous five years. A combination of practice hours and continuing education credits may be used. An applicant for renewal who has not met minimum practice-hour requirements must complete one of the clinical examinations required for initial licensure.

**(c) Dental Hygienists.** To be eligible for renewal, a dental hygienist must show:

- (i) 18 hours of continuing education, including the emergency office procedures course and the CPR course; and,
- (ii) Active practice of at least 100 hours or 50 continuing education credits within the previous five years. A combination of practice hours and continuing education credits may be used. An applicant for renewal who has not met minimum practice-hour requirements must complete one of the clinical examinations required for initial licensure.

**(d) Dental Assistants.** To be eligible for renewal, a dental assistant must show 9 hours of continuing education, including the emergency office procedures course and the CPR course. A radiography specialty may be renewed only if the bearer has completed training within the preceding ten years or practiced radiography under the supervision of a licensed dentist within the preceding five years.

**10-5 Continuing Education Audit.** The Office may conduct a compliance audit of any licensee. All licensees shall retain continuing education documentation for the previous two licensing cycles.

**10-6 Pre-approved Continuing Education.** The Board website shall feature a compendium of pre-approved continuing education providers and courses recognized by the Board for a particular biennial licensing period or periods. The Board may pre-approve all courses offered by a provider shown to enforce acceptable credit and documentation practices, or the Board may pre-approve specific courses. Approvals shall be valid for four years, or until the Board finds that a course differs materially from that approved.

**10-7 Case-by-Case Continuing Education Approval.** A course provider or licensee may apply for approval by completing an online pre-approval application. The application must specify the course curriculum, instructor qualifications, and the dates of presentation. Application should be made prior to commencement of the educational program and at least three months before the license renewal deadline. The Board has no obligation to offer retrospective analysis and approval of accomplished continuing-education offerings.

**10-8 Approval and Credit Standards.** Continuing-education credit shall be awarded based on clock hours of actual engagement in learning activities, not arbitrary assignments of credit value.

**(a) General Format.** Eligible continuing education must be earned through a formal course of learning that is directly related to advancing professional competence in providing patient care.

A formal course of learning can occur in the following formats:

- (1) in-person classroom instruction with a qualified instructor;
- (2) distance education with continuous two-way communication and observation between a qualified instructor and students;
- (3) distance education with asynchronous exchanges between a qualified instructor and students; or
- (4) a self-study course, if completion is contingent upon examination.

**(b) Relevance Requirement.** Notwithstanding any rule to the contrary, the Board may refuse recognition to continuing education activities that are not reasonably calculated to enhance professional competence in providing patient care, such as those with a dominant focus on marketing, accounting, practice management, personal or business finance, speed reading, general self-improvement, or issue advocacy. The Board will recognize relevant courses that promote effective communication among providers and patients, cultural competence, ethics awareness, and competent recordkeeping.

<b>Part 11: Duties and Standards</b>
--------------------------------------

**11-1 Duty to update and self-report.** Applicants and licensees owe a duty of candor to the Office and shall disclose circumstances that may call for further investigation to protect the public. That a matter is reportable does not imply that the matter necessarily is a basis for discipline. A licensee or applicant shall report to the Office in writing, within 30 days:

- (a) any material inaccuracy or change in circumstance relative to any application question, where the changed circumstance arises between submission of a license application and issuance of the license sought;
- (b) any arrest, charge, or conviction of a criminal act;
- (c) any legal claim for damages, judgment, or settlement arising from alleged professional negligence, misconduct, or malpractice;

- (d) any adverse action against a foreign professional license, or non-governmental professional certification, where the adverse action relates to an allegation of misconduct, substandard practice, or unethical conduct;
- (e) any change in supervisory arrangements or collaborative agreement terms;
- (f) any transport to a hospital, hospitalization or death related to an incident that occurred in the dental office or outpatient facility during or consequent to the administration of any anesthesia or sedative by any route. The incident report must be submitted even if the patient is not admitted to the hospital. The report must include:
  - (a) the names and credentials of those present for the procedure;
  - (b) a brief synopsis of the procedure; and
  - (c) a redacted copy of the patient's medical record.

**11-2 Ownership of Dental Offices.** A dental practice may be owned and operated exclusively by those entities identified at 26 V.S.A. § 564.

**11-3 Display of Licenses and Registrations.** Each licensee shall display a copy of his or her current license or registration at each place of practice and in such a manner as to be easily seen and read by patients. *Accord*, 26 V.S.A. § 565.

**11-4 Referral.** A dentist or dental therapist confronted with a patient need that exceeds his or her scope of practice shall refer the subject patient to an appropriate dental or health care professional. *Accord*, 26 V.S.A. § 617.

**11-5 Examination and Diagnosis.** A dentist or dental therapist is responsible to ensure that dental care provided directly, or by delegates under his or her supervision, is consistent with generally accepted standards of care and the requirements of these Rules.

- (a) **Direct Examination.** Absent exceptional circumstances, a responsible dentist or dental therapist will ensure that he or she has directly examined each patient at least annually. No patient or payer may be billed for the dental examination of a dentist or dental therapist unless such dentist or dental therapist personally examined the patient.
- (b) **Telepractice.** Telepractice modalities, including remote image acquisition and transmission, are tools of dental practice that may evolve with time. These modalities do not alter the standard of care. A dentist is responsible to ensure that diagnostic information employed in the exercise of clinical judgment has been acquired competently and in sufficient detail to inform the clinical decisions it supports.
- (c) **Authorization to Treat.** No authorization for an outside provider to treat shall be valid unless affirmatively issued in writing by the dentist or dental therapist granting that authorization. Consent may not be inferred from silence.

**11-6 Professional Standards Generally.** An administrative law officer may consider the *ADA Principles of Ethics and Code of Conduct*, the *ADHA Code of Ethics*, and the *ADAA Principles of Ethics and Code of Professional Conduct* authoritative sources of professional standards applicable to the respective professions when determining “the essential standards of acceptable and prevailing practice” for purposes of 26 V.S.A. § 129a(b). All licensees should be familiar with these standards and the bases for discipline identified in Part 12.

**12-1 Bases.** Unprofessional conduct includes those acts set out at 3 V.S.A. § 129a (applicable to all professional licensees) and 26 V.S.A. §§ 584 (applicable to Board licensees). Violation of these rules or other requirements of 26 V.S.A. ch. 12 is cognizable as unprofessional conduct pursuant to 3 V.S.A. § 129a(a)(3).

**12-2 Remedies.** Upon finding that a licensee, applicant, or person who later becomes an applicant has committed unprofessional conduct, within or without this State, or has had a license application denied or a license revoked, suspended, limited, conditioned, or otherwise disciplined by a licensing agency in another jurisdiction for conduct which would constitute unprofessional conduct in this State, or has surrendered a license while under investigation for unprofessional conduct, the Board may warn, reprimand, suspend, revoke, limit, condition, deny, or prevent the renewal of a license. See 3 V.S.A. § 129(a). A license may be summarily suspended pending further proceedings, consistent with 3 V.S.A. § 814(c), upon a finding that public health, safety, or welfare imperatively requires emergency action.

**12-3 Procedures.** Disciplinary prosecutions are contested cases governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005.

DRAFT